Directly Observed Therapy (DOT) Medication Log

							Health Department			
Patient'	s name		last, first,				Birthda	te	Gender	
		last,	tu	rst,	mid	dle				
Address:							Ph	one#	- <u>- 1</u>	
DOT site if different from above address:										
DOT—dosage:(#) days per week. TB Ph					ysicia	n:Phone #				
	Drug:				T		Comments):		Service
Date:	Dose:									Provider Initials
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